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PTO/SB/21 (09-04)

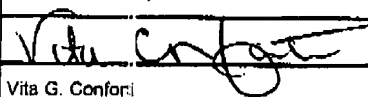
Approved for use through 07/31/2008. OMB 0851-0031

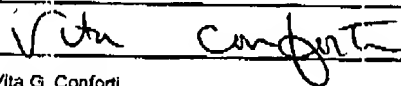
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	08/290,798	
	Filing Date	April 13, 1999	
	First Named Inventor	Hollstrom et al	
	Art Unit	1642	
	Examiner Name	C. Yuen	
Total Number of Pages in This Submission	30	Attorney Docket Number	

<b>ENCLOSURES (Check all that apply)</b>		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<b>Remarks</b>	

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm Name	Seattle Genetics, Inc.		
Signature			
Printed name	Vita G. Conforti		
Date	Nov. 19, 2004	Reg. No.	39639

<b>CERTIFICATE OF TRANSMISSION/MAILING</b>			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Vita G. Conforti	Date	Nov. 19, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (11-04)

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Effective on 10/01/2004, Patent fees are subject to annual revision.

**FEE TRANSMITTAL  
For FY' 2005**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

0

**Complete if Known**

Application Number 061240,798  
 Filing Date 4-13-99  
 First Named Inventor Hellstrom et al  
 Examiner Name \_\_\_\_\_  
 Art Unit \_\_\_\_\_  
 Attorney Docket No. \_\_\_\_\_

**METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order☒ Deposit Account ☐ None

Deposit Account Number 502900  
 Deposit Account Name Seattle Genetics, INC.

The Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below  
☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  
☒ Credit any overpayments to

to the above-identified deposit account.

☐ Other (please identify): \_\_\_\_\_

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**FEE CALCULATION****1. BASIC FILING FEE**

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	
Design Filing Fee	350	175	
Plant Filing Fee	550	275	
Reissue Filing Fee	790	395	
Provisional Filing Fee	160	80	

Subtotal (1) \$

**FEE CALCULATION** (continued)**2. EXTRA CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims Extra Claims Fee (\$)

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims Fee (\$)

Subtotal (2) \$

**3. OTHER FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
1-month extension of time	110	55	
2-month extension of time	430	215	
3-month extension of time	980	490	
4-month extension of time	1,530	765	
5-month extension of time	2,080	1,040	
Information disclosure stmt. fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	340	170	
Filing a brief in support of appeal	340	170	
Request for oral hearing	300	150	
Other:			

Subtotal (3) \$

**SUBMITTED BY**

Signature <u>Vita Carfagna</u>	Registration No. (Attorney/Agent) <u>39639</u>	Telephone <u>425 527 4122</u>
Name (Print/Type) <u>Vita Carfagna</u>		Date <u>11-19-04</u>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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November 19, 2004

Date of Deposit

Vita G. Confenti, Reg. No. 39,639

Name of Applicant, assignee or  
Registered Representative

Vita G. Confenti  
Signature

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Hellström *et al.*

Confirmation No.: 1277

Serial No.: 09/290,798

Group Art Unit: 1642

Filed: April 13, 1999

Examiner: Yaen, C.

For: NOVEL ANTIBODIES REACTIVE  
WITH HUMAN CARCINOMAS

**AMENDMENT UNDER 37 C.F.R. § 1.111**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated August 25, 2004, please enter the amendments below and consider the following remarks. It is estimated that no additional fee is necessary for filing this Amendment. In the event an additional fee is required, please charge the required fee to Seattle Genetics, Inc. Deposit Account No. 502900.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.